

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014101

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

032

Primary Registration District No.

Registrar's No.

39

FILED MAY 15 1962

1. PLACE OF DEATH

a. COUNTY

BOLLINGER COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

LUTESVILLE

Length of stay in 1b

2 WEEKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

BOND NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

CAPE GIRARDEAU

c. CITY
OR TOWN

JACKSON

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

MARYLAND ST

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
Rudolph

Middle

L.

Last

SEWING

4. DATE
OF DEATH

Month

Day

Year

May

1

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-16-1884

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (City and state or country)

Friedheim - MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY SEWING

13b. MOTHER'S MAIDEN NAME

MATILDA ZOELLNER

14. NAME OF HUSBAND OR WIFE

CATHERINE W. DICKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

6 Gilbert SEWING - JACKSON, MO

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Prostatic hemorrhage

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Cerebral Hemorrhage

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/20/62 to 5/1/62 and last saw him alive on 5/1/62

Death occurred at 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Lutesville MO

22c. DATE SIGNED

5/5/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5-3-1962

23c. NAME OF CEMETERY OR CREMATORY

Russell Heights

23d. LOCATION (City, town, or county)

JACKSON

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

McCombs

JACKSON

25. DATE RECD. BY LOCAL REG.

5/7/62

26. REGISTRAR'S SIGNATURE

Mrs Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bruce Jackson

Licensed Embalmer No.

5097

P. O. Address

Jackson MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.